



Department of Veterans Affairs Billing Guidelines for Health Care Provided to Veterans and Beneficiaries

**Chief Business Office Purchased Care
Department of Program Integrity (DPI)**

July 2013



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century

Introduction

The Department of Veterans Affairs would like to take this opportunity to thank you, the healthcare provider, who ensures our Veterans and their families receive the best level of care and we hope that level of care continues throughout the healthcare community

Applicable Laws

- **18 U.S.C §1031 Major fraud against the United States**
- **18 U.S.C §1035 False statements relating to health care matters**
- **18 U.S.C §1342 Fictitious name or address**
- **18 U.S.C §1346 Definition of “scheme or artifice to defraud**
- **18 U.S.C §1347 Health care fraud**
- **31 U.S.C. §3729 False Claims Act**
- **42 U.S.C. §1320a-7b Health Care Programs**
- **42 U.S.C. §1320a-7b(b) Anti-Kickback Statute**

Applicable Laws

- **Improper Payments Elimination and Recovery Act (IPERA)**
- **The Federal Managers Financial Integrity Act codified in 31 U.S.C § 3512**
- **The Affordable Care Act**
- **Health Insurance Portability and Accountability Act of 1996**
- **Presidential Executive Order 13520 Reducing Improper Payments**
- **OMB Cir No. A-123 Management's Responsibility for Internal Controls**

Target Audience

- **New Health Care Professionals**
- **Existing Health Care Professionals**
- **Medical Coders**
- **Billing Departments**
- **Any Entity Who Submits Medical Claims to the Veterans Affairs**

Training Objectives

- **Convey The Department of Veterans Affairs commitment to excellence**
- **Provide the basics of how claims should be billed**
- **Assist providers on how to bill correctly**
- **Provide practical examples**

Claims Coding Guidance

- **Non VA care is like or similar to Medicare**
- **Very seldom will the VA accept Blue Cross Blue Shield or Medicaid codes**
- **AMA coding guidelines**

Claims Coding Guidance

- **National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE)**
- **Prospective Payment System (PPS)**
- **Excessive charges**
- **Reimbursement**

Program Integrity Claims Reviews

- **Program Integrity Tools**
- **Delay in claims processing**
- **Utilize Medicare's Claims Processing Manual CMS 100-04 at:**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending>

CMS-1500

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input checked="" type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) PATIENT'S SSN	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S COMPLETE NAME		3. PATIENT'S BIRTH DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SEX <input type="checkbox"/> M <input type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street) PATIENT'S COMPLETE ADDRESS		4. INSURED'S NAME (Last Name, First Name, Middle Initial) VETERAN'S NAME	
CITY <input type="text"/> STATE <input type="text"/>		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE <input type="text"/> TELEPHONE (Include Area Code) <input type="text"/>		CITY <input type="text"/> STATE <input type="text"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER PATIENT'S SSN	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SEX <input type="checkbox"/> M <input type="checkbox"/> F	
b. OTHER INSURED'S DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SEX <input type="checkbox"/> M <input type="checkbox"/> F		b. EMPLOYER'S NAME OR SCHOOL NAME NAME HERE	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A&B	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	

CMS-1500

PHYSICIAN OR SUPPLIER INFORMATION

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CMS-1450 (UB-04)

1 NAME AND PHYSICAL ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED										2 REMIT-TO NAME AND ADDRESS OF FACILITY WHERE PAYMENT IS TO BE MADE TO										3a PAT. CNTL. #		FACILITY ASSIGNED PATIENT #										4 TYPE OF BILL											
																				b. MED. REC. #		SAME AS ON THE MEDICARE CARD										131											
																				5 FED. TAX NO.					6 STATEMENT COVERS PERIOD FROM					THROUGH					7								
																				123456789					00/00/00					00/00/00													
8 PATIENT NAME										a PATIENT'S COMPLETE NAME										9 PATIENT ADDRESS										a PATIENT'S COMPLETE STREET ADDRESS													
b										b PATIENTS CITY										c ST					d ZIP CODE					e													
10 BIRTHDATE				11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30					
00/00/0000				X		00/00/00		00		00		01																															
31 OCCURRENCE DATE				32 OCCURRENCE DATE				33 OCCURRENCE DATE				34 OCCURRENCE DATE				35 CODE				OCCURRENCE SPAN FROM				THROUGH				36 CODE				OCCURRENCE SPAN FROM				THROUGH				37			
a 1-4				00/00/00												1-4				00/00/0000				00/00/0000																			
b																																											
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42 REV. CD.				43 DESCRIPTION								44 HCPCS / RATE / HIPPS CODE								45 SERV. DATE				46 SERV. UNITS				47 TOTAL CHARGES				48 NON-COVERED CHARGES				49							
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CMS-1450 (UB-04)

23		PAGE 1 OF 2		CREATION DATE 00/00/0000		TOTALS 100.00		23			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A MEDICARE		012345678		Y	Y	000.00				57	
B										OTHER	
C										PRV ID	
58 INSURED'S NAME		59 P.REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.				
A INSURED'S NAME OR PATIENT'S NAME		01	PATIENT'S SSN OR INSURED'S ID #								
B											
C											
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
A AUTHORIZATION NUMBERS IF APPLICABLE											
B											
C											
66 DX	296.53	729.1	244.9	279.4	309.81					68	
69 ADMIT DX	296.53	70 PATIENT REASON DX		71 PPS CODE		72 ECI				73	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		187654320	QUAL
00.00		00/00/00						LAST		DOE	FIRST
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI			QUAL
								LAST			FIRST
								78 OTHER NPI			QUAL
								LAST			FIRST
								79 OTHER NPI			QUAL
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80 REMARKS		81CC	a					76 ATTENDING NPI		187654320	QUAL
		b						LAST		DOE	FIRST
		c						77 OPERATING NPI			QUAL
		d						LAST			FIRST

UB-04 CMS-1450
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OMB APPROVAL PENDING

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Qui Tam/Whistleblower

The *Qui Tam* (aka Whistleblower Law) provisions of the False Claims Act, stipulates that a private party (employee of a health care organization) may file a complaint on behalf of the government (Federal & State) to prosecute alleged false claims.

Report allegations to:

VA Office of Inspector General (VA OIG)

VA Inspector General Hotline (53E)

P.O. Box 50410

Washington, DC 20091-0410

Telephone: 1-800-488-8244

Fax: 1-202-565-7936

vaoighotline@va.gov

Summary

- **Ensure that the codes reflect the level of care provided**
- **Valid use of modifiers**
- **Align your medical coding with Medicare's billing guidelines**
- **Correct and accurate claims will not be suspect to Program Integrity and will not be delayed**

Helpful Web Resources

- **Form CMS 1500 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf>

- **Form CMS 1450 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

- **Medicare Claims Processing Manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>